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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/842,449	04/26/2001	Christopher Zak	89283.051401	7555
7590	03/30/2004		EXAMINER	
JAECKLE FLEISCHMANN & MUGEL, LLP 39 State Street Rochester, NY 14614-1310			TRAN, MYLINH T	
			ART UNIT	PAPER NUMBER
			2174	6
DATE MAILED: 03/30/2004				

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No.	Applicant(s)	
	09/842,449	ZAK ET AL.	
	Examiner	Art Unit	
	Mylinh T Tran	2174	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --
Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1) Responsive to communication(s) filed on 26 April 2001.
 2a) This action is **FINAL**. 2b) This action is non-final.
 3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4) Claim(s) 1-62 is/are pending in the application.
 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
 5) Claim(s) _____ is/are allowed.
 6) Claim(s) 1-62 is/are rejected.
 7) Claim(s) _____ is/are objected to.
 8) Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9) The specification is objected to by the Examiner.
 10) The drawing(s) filed on _____ is/are: a) accepted or b) objected to by the Examiner.
 Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
 Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
 11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
 a) All b) Some * c) None of:
 1. Certified copies of the priority documents have been received.
 2. Certified copies of the priority documents have been received in Application No. _____.
 3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892)	4) <input type="checkbox"/> Interview Summary (PTO-413)
2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948)	Paper No(s)/Mail Date. _____.
3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08) Paper No(s)/Mail Date _____.	5) <input type="checkbox"/> Notice of Informal Patent Application (PTO-152)
	6) <input type="checkbox"/> Other: _____.

DETAILED ACTION

Claim Rejections - 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

Claims 1-26, 37, 39-43 and 45-46 are rejected under 35 U.S.C. 103(a) as being unpatentable over Evans [US. 5,924,074] in view of Chikovani et al. [US. 6,383,135].

As to claim 1, Evans discloses a graphical user interface of the human hand further comprising a first graphical representation of the human hand, to simplify entry of all information gathered on an medical record (figure 8, column 2, lines 20-65); means for displaying graphical representations (figure 5); means for selecting data to be entered and stored from selections displayed on a screen (column 2, lines 20-65); and means for storage of entered data in the hand held computer (column 2, lines 45-55). The difference between Evans and the claim is an emergency medical environment and the human body. Chikovani et al. shows the emergency medical call at column 2, lines 51-60 and the image of human body at figure 3, column 4, lines 35-55. It would have been obvious to one of ordinary skill in the art, having the teachings of Evans

and Chikovani et al. before them at the time the invention was made to modify the gathering of medical electronic data as taught by Evans to include the emergency medical environment and the human body image of Chikovani et al., for the purpose of helping user using a rapid, accurate and economical record of medical emergency electronic data as taught by Chikovani et al.

As to claim 2, Chikovani et al. also discloses the graphical user interface of the human body further comprising graphical representations of one or more visible parts of the human body (figure 3).

As to claims 3-4, Chikovani et al. provides the graphical representation of one or more visible parts of a female and male human body (column 4, lines 35-45).

As to claims 5, 8 and 10, Chikovani et al. also provides the graphical user interface of the human body further comprises graphical representations of one or more orientations of visible parts of the human body (figure 3).

As to claim 6, Chikovani et al. demonstrates means for selecting a graphical representation of a single visible part of the human body from a graphical representation of one or more visible parts of the human body (figure 4).

As to claims 7 and 37, Evans also discloses means for selecting a graphical representation of a single visible part of the human body further comprises a software program for determining the location of a pen stylus

on a touch sensitive screen (column 5, lines 60-65 and column 14, line 62 through column 15, line 7).

As to claims 9 and 11, Chikovani et al. also demonstrates means for associating a graphical representation of a first human body part (23a), having a selected second body part, with a graphical representation of the selected second body part (23c).

As to claim 12, Chikovani et al. shows a computer program means for associating a graphical representation of a human body part with a stored identifying text (column 4, line 62 through column 5, line 5).

As to claim 13, Evans also provides the graphical user interface of the human body further comprising one or more checklists of patient complaints (column 5, lines 29-38).

As to claim 14, Evans demonstrates the graphical user interface of the human body further comprising means for selecting one or more patient complaints from the checklist (column 6, lines 12-33).

As to claim 15, Evans also demonstrates the graphical user interface of the human body further comprising one or more checklists of observed conditions (column 6, lines 2-7).

As to claim 16, Evans discloses the graphical user interface of the human body further comprising means for selecting one or more observed conditions from the checklist (figure 3, column 5, lines 55-67).

As to claim 17, Evans also discloses the means for selecting one or more patient complaints from the checklist further comprising a software program for determining the location of a pen stylus on a touch sensitive screen (column 5, lines 60-65 and column 14, line 62 through column 15, line 7).

As to claims 18-19, the claim is analyzed as previously discussed with respect to claims 13-15.

As to claim 20, Evans teaches the graphical representations of one or more orientations of visible part of the human body further comprise a front view, a right side view, a left side view, and rear view (figure 8).

As to claim 21, Evans also teaches the means for displaying graphical representations further comprising a software program for displaying graphical representations on a computer display screen (column 2, lines 37-55).

As to claim 22, Evans shows the graphical user interface of the human body further comprising one or more forms for entry of medical emergency information (figure 19, 310).

As to claim 23, Evans also shows an emergency call information header area, a form selection area, a form details area, and a form paging area (figures 19-21).

As to claim 24, Evans provides the form selection area further comprising one or more buttons for selection of each form for display and use (figure 19, 310).

As to claim 25, Evans also provides the form details area further comprising an area for graphical representation of the human body (figure 8, 185).

As to claim 26, Evans demonstrates the form details area further comprising drop down pick lists of selection alternatives for single entry user selection (figure 3, 127), radio buttons of selection alternatives for single entry user selection (figure 3, provider), and check boxes of selection lists for single entry user selection for each choice required (figure 19, CBC).

As to claims 39-42 and 45-46, Evans also demonstrates a software component for report printing via either wireless infrared transmission ports or standard serial cables to a variety of mutually compatible printers (column 13, lines 5-29).

As to claim 43, Evans provides a software component for transfer of medical emergency data to another computer system (column 9, line 60 through column 10, line 7).

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

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(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

Claims 27-36, 38, 4447-62 are rejected under 35 U.S.C. 103(a) as being unpatentable over Evans [US. 5,924,074] in view of Chikovani et al. [US. 6,383,135] and further in view of Segal et al. [US. 2001/0041991].

As to claim 27, Evans discloses the drop down pick lists further comprising drop down pick-lists for patient data entry but he does not teach the items listing for selection vary based upon patient's age as previously entered.

However, Segal et al. shows the items listing for selection vary based upon patient's age as previously entered at column 3, 0021. It would have been obvious to one of ordinary skill in the art, having the teachings of Evans, Chikovani et al. and Segal et al. before them at the time the invention was made to modify the gathering of medical electronic data as taught by Evans and Chikovani et al. to include the age's patient of Chikovani et al., for the purpose of provide patient information for the users as taught by Chikovani et al.

As to claim 28, while Segal et al. teaches the emergency medical call, Evans shows forms (figure 5, 193, 191, 154); and one or more billing forms for entry of billing information for the patient (column 1, lines 25-30), one or more problems forms for entry of details of the patient problem for which the emergency call was made and focal patient complaints (figure 5,

152), one or more exam forms for entry of patient exam findings, and one or more vitals forms for entry of patient vital signs (column 4, line 64 through column 5, line 5).

As to claim 29, while Segal et al. provides one or more call forms for entry of information concerning an emergency medical call, Evans also provides a form selection area (figure 5, 193, 191, 154), a problem details area (figure 5, 152 and figure 6, 162), an area for graphical representations of parts of the human body (figure 8, 186), and a form paging area (figure 8).

As to claims 30 and 53, Evans demonstrates the problems form further comprising one or more motorized vehicle crash history forms for recording information about a motor vehicle crash involving the emergency medical patient (column 9, 0112).

As to claim 31, Evans also demonstrates the vitals form further comprising one or more icons for rapid entry of normal vital sign and physical exam findings (column 4, line 64 through column 5, line 5).

As to claim 32, while Segal teaches the emergency vehicle, Evans provides the call form further comprising one or more quick entry icons for rapid entry of call event times (column 2, lines 25-30), a vehicle type drop down menu providing for single entry selection (figure 3, 127), a response drop down menu providing for single entry selection of a mode of response to the scene of the emergency, and a call type drop down menu providing for single entry selection of a type of call (figure 3, 127).

As to claim 33, Segal also teaches an entry for ambulance, helicopter, airplane (column 8, 0112 and column 12, 0147).

As to claim 34, Evans discloses one or more patient forms for entry of patient demographic information (column 9, lines 7-15), one or more past medical history forms for entry of information concerning a patient's past medical history (column 5, lines 12-22), and one or more patient medications forms for entry information concerning patient medications (column 2, lines 53-65).

As to claim 35, Evans also discloses one or more treatment forms for entry of patient treatment by emergency medical technicians and one or more disposition form for entry of information concerning the disposition of the emergency call (column 2, lines 55-60); and an integrated medical drug reference guide, and a drug treatment form to facilitate rapid documentation of medication administration, routes and quantities (column 2, lines 55-60).

As to claim 36, Evan teaches one or more crew forms for entry of information concerning an emergency medical services crew (column 2, lines 25-30), one or more review form (column 2, lines 50-57); one or more notes forms for entry of general notes (figure 19, progress notes), one or more protocols form for consulting protocols to be followed during the emergency call, and one or more help screens for guiding emergency medical technicians on the use of the invention (figure 6).

As to claim 38, Segal et al. demonstrates one or more software components supporting handwriting recognition, one or more software components supporting numerical data entry, one or more software components supporting signature capture, and a software component for integrated signature capture for collection of required patient and crew signatures (column 1, 0006).

As to claim 44, while Segal et al. teaches the medical emergency site electronic data, Evans shows a processor (column 12, line 55-67), a main memory connected to the processor, a storage subsystem connected to the processor for storage of medical reference guides and databases, and retention of medical emergency site electronic data (column 10, lines 1-8); a display subsystem connected to the processor and to the main memory, for displaying information to a user (column 5, lines 10-25), a touch sensitive screen connected to the display subsystem and to the processor, following a user to select displayed information, a pen stylus for selecting information displayed on a touch sensitive screen, and computer program means stored and operated in the hand held computer for gathering, retaining and transmission emergency site medical data (column 14, line 62 through column 15, line 7).

As to claim 47, While Segal et al. teaches means for generating an optional motorized vehicle crash history form for recording information about a motor vehicle carrying the emergency medical patient (column 9,

0112), means for supporting handwriting recognition, signature capture and numerical data entry via the graphical user interface (column 1, 0006), means for flexible patient data entry via the graphical user interface based upon patient's age (column 3, 0021), multilingual means for documenting via the graphical user interface a patient's refusal of care and means for integrated signature capture via the graphical user interface for collection of required patient and crew signatures (column 1, 0006 and column 3, 0013-0014), Evans provides graphical user interface means for simplifying documentation of focal patient complaints and physical exam findings (figure 5, 152); means for presenting a drug reference guide via the graphical user interface (column 2, line 55-60), means for rapid entry via the graphical user interface of normal vital sign and physical exam findings (column 4, line 64 through column 5, line 5); means for versatile report printing via either wireless infrared transmission ports or standard serial cables to a variety of mutually compatible printers (column 13, lines 5-29), and means for recording drug treatment via the graphical user interface to facilitate rapid documentation of medication administration, routes and quantities (column 2, lines 55-60).

As to claim 48, Evans demonstrates providing access to medical reference databases on a hand held computer using the computer's graphical user interface and supporting a graphical user interface for entry and storage of emergency related information on the hand held computer

(column 2, lines 45-65), retaining information entered by the user during physical movement and storage of the hand held computer and transferring the information from the hand held computer to storage at the emergency treatment facility (column 2, lines 55-60).

As to claim 49, while Segal et al. teaches collecting emergency call related information from the user, Evans shows collecting patient related information from the user (column 2, lines 20-35), collecting medical problem related information from the user (figure 5, 152), collecting vital signs information from the user (column 4, line 64 through column 5, line 5), collecting treatment information from the user (column 2, lines 55-60), and collecting billing information from the user (column 1, lines 25-30).

As to claim 50, while Evans teaches the forms, Segal et al. shows presenting to the user one or more forms requesting the entry of emergency call related information, and storing in mass storage the emergency call related information submitted by the user (column 1 and 3, (0026, 0029)).

As to claim 51, Evans provides presenting to the user one or more forms requesting the entry of patient prior medical history information and storing in mass storage the patient prior medical history information submitted by the user (column 5, lines 12-22), presenting to the user one or more forms requesting the entry of patient medications information and storing in mass storage the patient medications information submitted by the user

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(column 2, lines 53-65), and presenting to the user one or more forms requesting the entry of patient examination information, and storing in mass storage the patient examination information submitted by the user (column 5, lines 42-50).

As to claim 52, while Segal et al. disclose collecting motor vehicle crash information from the user (column 9, 0112), Evans shows collecting patient complaint information from the user (column 5, lines 29-38).

As to claim 54, Evans also demonstrates displaying a graphical representation of one or more parts of the human body, accepting a selection by the user of an affected part of the human body, associating the selection of the affected part of the body with the graphical representation of that affected part of the body, storing in mass storage the designation of the affected part of the body (figure 8, column 7, lines 28-40), and collecting the complaints reported by the patient for the affected part of the body, collecting patient symptoms and observe by the user for the affected part of the body, and storing in mass storage the patient complaints and observed symptoms (column 5, lines 29-38).

As to claim 55, Evans teaches presenting to the user one more forms requesting the entry of vital signs information, and storing in mass storage the vital signs information submitted by the user (column 4, line 64 through column 5, line 5).

As to claim 56, Evans also teaches presenting to the user one or more forms requesting the entry of treatment information, and storing in mass storage the treatment information submitted by the user (column 5, lines 55-65).

As to claim 57, Evans shows presenting to the user one or more forms requesting the entry of billing information, and storing in mass storage the billing information submitted by the use (column 1, lines 25-30).

As to claims 58 and 59, Evans also shows presenting to the user one or more forms requesting the entry of background information, and storing in mass storage the background information submitted by the user (column 6, lines 55-65).

As to claim 60, Evans provides emergency crew related information (column 2, lines 25-30) and patient disposition information, case review information, and notes (column 2, lines 50-57 and figure 19, progress notes).

As to claim 61, Evans also provides of providing access to medical reference databases further comprises the step of providing access to a medical drug reference guide (column 2, line s55-60).

As to claim 62, Evans demonstrates of providing access to medical reference databases further comprises the step of providing access to a medical protocols database (column 2, lines 45-65).

Conclusion

Responses to this action should be mailed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231. If applicant desires fax a response, (703) 746-7238), may be used for formal After Final communications, (703) 746-7239 for Official communications, or (703) 746-7240 for Non-Official or draft communications. NOTE, A Request for Continuation (Rule 60 or 62) cannot be faxed.

Please label "PROPOSED" or "DRAFT" for information facsimile communications. For after final responses, please label "AFTER FINAL" or "EXPEDITED PROCEDURE" on the document.

Hand-delivered responses should be brought to Crystal Park II, 2121 Crystal Drive, Arlington, VA., Fourth Floor (Receptionist).

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Mylinh Tran whose telephone number is (703) 308-1304. The examiner can normally be reached on Monday-Friday from 8.00AM to 4.30PM

If attempt to reach the examiner by telephone are unsuccessful, the examiner 's supervisor, Kristine Kincaid, can be reached on (703) 308-0640,

All Internet e-mail communications will be made of record in the application file. PTO employees do not engage in Internet communications where there exists a possibility that sensitive information could be identified or exchanged unless the record includes a properly signed

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express waiver of the confidentiality requirements of 35 U.S.C. 122. This is more clearly set forth in the Interim Internet Usage Policy published in the Official Gazette of the Patent and Trademark on February 25, 1997 at 1195 OG 89.

Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the Group receptionist whose telephone number is (703) 305-3800.

Mylinh Tran

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Kristine Kincaid
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